

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-62-003710**

STATE FILE NUMBER

AMENDED

Registration District No.

**318**

Primary Registration District No.

**1003**

Registrar's No.

**24**

**FILED JAN 11 1962**

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

**St. Louis, Mo.**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

**Missouri.**

c. CITY OR TOWN

**St. Louis.**

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

**Missouri Baptist Hospital**

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

**1401a Newhouse, St.**

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

**Jessie**

Middle

**C.**

Last

**Ellis**

4. DATE OF DEATH

Month

**January**

Day

**2,**

Year

**1962**

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

**10/4/1902**

9. AGE (last birthday)

**59**

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Laborer Mississippi Glass Co.**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

**Paris, Tenn.**

12. CITIZEN OF WHAT COUNTRY

**U.S.A.**

13a. FATHER'S NAME

**Charlie P. Ellis**

13b. MOTHER'S MAIDEN NAME

**Arter Russell**

14. NAME OF HUSBAND OR WIFE

**Collie**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

**No.**

**Nil.**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

**Collie Ellis, 1401a Newhouse, St.**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Acute pneumonia, Bilateral.**

INTERVAL BETWEEN ONSET AND DEATH

**3 da.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**Acute cerebral hemorrhage.**

**6 da**

DUE TO (c)

**Cerebral arteriosclerosis.**

**10 yrs.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**Hemiplegia, rt. 10 yrs ago.**

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

**331X**

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **1950** to **1-2-62** and last saw him alive on **1-1-62**

Death occurred at **9:43 AM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**L. I. Donley M.D.**

22b. ADDRESS

**2739 N. Grand**

22c. DATE SIGNED

**1-2-62**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

23b. DATE

**1-4-62**

23c. NAME OF CEMETERY OR CREMATORY

**Bebil Cemetery**

23d. LOCATION (City, town, or county)

**Paris, Tenn.**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**Albert H. Hoppe Inc., 4700 Washington, Blvd.**

25. DATE RECD. BY LOCAL REG.

**JAN 2 1962**

26. REGISTRAR'S SIGNATURE

**Earl Smith, M.D.**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

7

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Stanley H. Dixon  
Licensed Embalmer No. 4193  
P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.